

August 15, 2014

Tractor Supply #1622
ATTN: Trey Brown
1700 W. Dickinson Blvd., Ste. A
Fort Stockton, TX 79735

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

TXR000081910

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality
Permitting and Registration Support Division
Registration and Reporting Section, MC129
P.O. Box 13087
Austin, TX 78711-3087
512-239-6413


Sincerely,

Sontina S. Powell
Environmental Protection Specialist
EPA, Region 6
Multimedia Planning and Permitting Division

2014070

7/30/14
PP

OMB# 2050-0024; Expires 12/31/2014

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM																										
1. Reason for Submittal	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)																										
2. Site EPA ID Number	EPA ID Number TXR000081910																										
3. Site Name	Name: Tractor Supply #1622																										
4. Site Location Information	Street Address: 1700 W. Dickinson Blvd., Suite A Ste A City, Town, or Village: Fort Stockton County: Pecos State: TX Country: USA Zip Code: 79735																										
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																										
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <table border="1" style="display: inline-table;"><tr><td>4</td><td>5</td><td>3</td><td>9</td><td>9</td><td>8</td></tr></table> B. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> C. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> D. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			4	5	3	9	9	8																		
4	5	3	9	9	8																						
7. Site Mailing Address	Street or P.O. Box: 200 Powell Place City, Town, or Village: Brentwood State: TN Country: USA Zip Code: 37027																										
8. Site Contact Person	First Name: Trey MI: Last: Brown Title: Risk Analyst Street or P.O. Box: SAME AS MAILING ADDRESS City, Town or Village: State: Country: Zip Code: Email: TSCRiskmgmt@tractorsupply.com Phone: 615-440-4660 Ext.: Fax: 615-484-4660																										
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Ft. Stockton Income Properties, LLC Date Became Owner: 6/2/12 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 1445 North Loop West, Suite 625 City, Town, or Village: Houston Phone: 713-623-0188 State: TX Country: USA Zip Code: 77008 B. Name of Site's Operator: TRACTOR SUPPLY COMPANY Date Became Operator: 5/26/12 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																										

JH Fin. 7-16-14

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10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☐ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following - a, b, or c:

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☐**2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.Y ☐ N ☐**3. United States Importer of Hazardous Waste**Y ☐ N ☐**4. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☐**5. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☐**6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.Y ☐ N ☐**7. Recycler of Hazardous Waste**Y ☐ N ☐**8. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐**9. Underground Injection Control**Y ☐ N ☐**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☐**1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

N/A

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☐**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☐**1. Used Oil Transporter**
If "Yes", mark all that apply. N/A

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☐**2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☐**3. Off-Specification Used Oil Burner**Y ☐ N ☐**4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	F005				

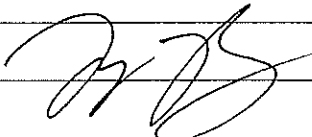
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number

OMB#: 2050-0024; Expires 12/31/2014

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	TREY BROWN	06/24/2014
	RISK ANALYST	



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ TXR000008359

09/19/95

INSTALLATION ADDRESS

WAL-MART NO 897
1700 W DICKINSON
FORT STOCKTON , TX 79735
FRANCES BUSTOS STORE MGR

1700 W DICKINSON
FORT STOCKTON ,TX 79735

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AUG 11 1995

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

TX R0000008359

II. Name of Installation (Include company and specific site name)

WAL-MART # 897

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1700 WEST DICKINSON

Street (Continued)

City or Town

FT STOCKTON

State

TX

Zip Code

79735-

County Code

County Name

PECOS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

DEPT 8013

City or Town

BENTONVILLE

State

AR

Zip Code

72716-8013

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

BUSTOS

(First)

FRANCES

Job Title

STORE MANAGER

Phone Number (Area Code and Number)

915-336-3389

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location: Mailing: Other:☒ ☐ ☐

B. Street or P.O. Box

1700 WEST DICKINSON

City or Town

FT STOCKTON

State

TX

Zip Code

79735-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WAL-MART STORES INC

Street, P.O. Box, or Route Number

DEPT 8013

City or Town

BENTONVILLE

State

AR

Zip Code

72716-8013

Phone Number (Area Code and Number)

501-273-4293

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X No

(Date Changed)

Month

Day

Year

D - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation). Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exem. "for" Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Direct Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine	

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D001	2 D008	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Nancy A. Harms

Name and Official Title (Type or print)

Nancy A. Harms, License Coordinator

Date Signed

8-8-95

XI. Comments

Please mail to: Dept. 8013

Bentonville, AR 72716-8013

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)